

# What works? What fails?



FINDINGS FROM THE NAVRONGO COMMUNITY HEALTH AND FAMILY PLANNING PROJECT

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Navrongo Health Research Centre

# THE 'PERFECT' CHO

While there will never be a 'perfect' Community Health Officer (CHO), it is helpful to reflect upon the personal qualities of such a worker so that training can orient nurses to the type of person who is most successful in community work. Community Health Nurses (CHN) become CHO after undergoing specialized training to prepare them for life in the community as sole health care providers. Training modules are designed to make CHO as independent as possible and enable them to offer primary health care and family planning services to clients with a minimum amount of resources. They are trained to become part of the communities to which they are posted. In order to be successful, they must possess special personal characteristics allowing them to become members of the communities they serve. The perfect CHO serves as a motivating goal that all CHO can aspire to and requires the following characteristics:

## **Empathetic**

Philomena Bemba (fictitious name) graduated from the Community Health Nurses Training School a year ago with distinction. She is young, hard working, and eager to learn. She works at the health centre in town. Already within the first few weeks her work at the health centre is outstanding. Whenever the Medical Assistant is not available, she becomes the natural person to take over, even though there are more senior nurses and midwives around. Her humility allows her to work well with both patients and hospital staff. She is smart and always neatly dressed. She is jovial and obliging. The common phrase she jokes around with is 'People matter more than money'! For this reason, other nurses call her 'People'. She is always chatting with her family planning clients. Patients like her and ask for her first when they come to the health centre. She has a three-year old daughter, and her husband is away overseas on a three-year course of study. When it is time to choose a nurse to undergo training in order to be deployed as a CHO in a village, she will be the obvious choice. All the senior nurses highly recommend her. There is no doubt Philomena Bemba fits the criteria for highly deployable nurses to village locations.



It takes more than training to produce a CHO

#### Competent

The ability to tell the difference between what training does or does not allow you to do is what is referred to here as 'discernment'. Sometimes, doing nothing helps more than doing something that will put a client's life in danger. One CHO says, 'it depends on what your motives are'. One should do the best that one knows how. Sometimes regulations are a problem. If a CHN knows how to give injections but rules don't permit it, should she? There are very competent CHN who are able to perform as efficiently as a Medical Assistant or even a Medical Doctor in some cases. A nurse with discernment is a great asset and makes a perfect CHO. She knows when to refer the patient upward in the health system to a service point where the expertise and resources exist to deal with the problems she cannot handle.

#### Respectful

A CHN must possess that special regard for community leaders, Chiefs and elders, and their way of life. She should not be one to 'lord it over' the community because of her control over some health resources and her privileged position. She must possess that ability to merge into the community and hold conversations with women at water sources such as the riverside or at the well. She should be one who can attend village functions such as weddings and

most importantly, funerals of community members—especially women who have lost their children or have themselves died during childbirth.

### **Adaptable**

In light of the above, an aspiring CHO must not be individualistic, radical, quarrelsome, or eccentric. She must believe in the spirit of community, be socially minded, and be able to find the middle ground when she has to deal with culturally sensitive or controversial issues.

#### Independent

Nurses who are most suited to be CHO are the ones who—at least for the defined period of community residence—have very few social obligations. This allows them to be truly and continuously resident in their assigned communities and remain there for as long as possible to provide uninterrupted services. CHN who are newly married, have too many children or dependents, have business in town, or other trades in



A perfect CHO knows the middle ground when talking about culturally sensitive issues

conjunction with their work and other encumbrances are harder to keep at the community level. It is important to talk to the spouses of CHN prior to sending them into communities. CHN who are experiencing marriage problems with their partners are the least deployable; often sending them away tears apart their marriage or causes difficulties between spouses.

# **Trustworthy**

CHO must necessarily be persons who do not have 'okro mouths' or what others term 'oral diarrhea'. It is important in small communities that CHO keep information about clients' health, especially their family planning choices, in

confidence. If a CHN is by nature a person who gossips a lot or 'talks too much' about people and is generally known to be untrustworthy with confidential information, she will be diagnosed as unsuitable for CHO work.

#### **Energetic**

An ambitious nurse—who is made aware that if she successfully spends the two years of community residence, the District Health Management Team will recommend her for further studies and career improvement—works even more diligently. If they are encouraged that documentation of their work can help them to use the data they have collected and the community experience as material to further their public health careers, they faithfully, dutifully, and with excellence, carry out their assignments.



An ideal CHO spends quality time with her clients, providing personalized and confidential services

#### Conclusion

CHN need special qualities to become CHO. Above all, they must have something unique that can be brought to bear to community-based health service operations. Hello there, do you have them; those vital innate characteristics that make CHN deployable?

Send questions or comments to: What works? What fails?

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